

TRAINEE/CONTROLLER EVALUATION

For use of this form, see TC 3-04.81; the proponent agency is TRADOC.

1. FACILITY			2. POSITIONS		
3. TRAFFIC DENSITY and CONDITIONS <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Stable <input type="checkbox"/> Fluctuating					
4. DEMONSTRATED PERFORMANCE S = Satisfactory; U = Unsatisfactory; NI = Needs Improvement; NA = Not Applicable					
TASK EVALUATED	LIVE	SIM	TASK EVALUATED	LIVE	SIM
a. Separation is ensured.			n. Rapidly recovers from equipment failures and emergencies.		
b. Safety Alerts are provided.			o. Scans entire control environment.		
c. Performs handoffs/point-outs.			p. Effective working speed is maintained.		
d. Required coordination is performed.			q. Equipment status information is maintained.		
e. Good control judgment is applied.			r. Equipment capabilities are utilized/understood.		
f. Priority of duties is understood.			s. Functions effectively as a facility team member.		
g. Positive control is provided.			t. Communication is clear and concise.		
h. Effective traffic flow is maintained.			u. Uses prescribed phraseology.		
i. Aircraft identity is maintained.			v. Makes only necessary transmissions.		
j. Strip posting is complete/correct.			w. Uses appropriate communications method.		
k. Clearance delivery is complete/correct/timely.			x. Relief briefings are complete and accurate.		
l. LOAs/directives are adhered to.			y. Facility training program progress.		
m. Additional services are provided.			z. Airfield and airspace knowledge.		
5. EVALUATOR COMMENTS					
a. EVALUATOR'S PRINTED NAME, RANK, AND POSITION			b. EVALUATOR'S SIGNATURE		
6. TRAINEE/CONTROLLER COMMENTS					
a. TRAINEE / CONTROLLER'S PRINTED NAME			b. TRAINEE/CONTROLLER'S SIGNATURE		
7. TRNG DAY/HOURS	8. TYPE TRNG	9. DATE	10. OVERALL RATING/REVIEWER		

5.

EVALUATOR COMMENTS *(Continued)*

6.

TRAINEE/CONTROLLER COMMENTS *(Continued)*